

OPERATION ENDURING FREEDOM

Re-Deployment Medical Threat Briefing

Name & Unit



**Prepared by:
Office of the Surgeon USAREUR and Europe Regional
Medical Command Office of Force Health Protection
DSN (314) 370-5680/(314)371-2629**

Redeployment Medical Briefing

- **Purpose of this briefing**
- **Background on health concerns**
- **Medical health threats for Afghanistan**
- **Redeployment medical requirements**
- **The DoD Deployment Health Clinical Center**
- **Homecoming**



Purpose

To ensure that any concerns you may have about your health are addressed and that you understand the medical requirements for redeployment



Background

- **Health hazards are a potential threat to deployed personnel**
- **Historical accounts of wars, battles and military training show that the greatest loss of forces was not caused by combat wounds - but were the result of disease and non-battle injury**
- **Of utmost importance is force health protection and addressing concerns you might have about your health**



Medical Requirements for Re-deployment

- Receiving this post-deployment medical threat briefing
- Completing the Post-Deployment Health Assessment (DD Form 2796)
- Receiving post-deployment medical screening (of 2796), testing, and follow-up
- Understanding where to go for health problems or concerns after you have redeployed
- Tuberculosis skin test (TB), blood draw and any indicated referral appointments, DD2900

Post Deployment Health Assessment Form

- DD Form 2796 must be completed no more than 30 days prior to departing for home station OR within 7 days upon return to home station.

STAYING HEALTHY GUIDE

- Unfold YOUR *Redeployment Guide*
- Basic information and resources
- Reference Guide for this Briefing

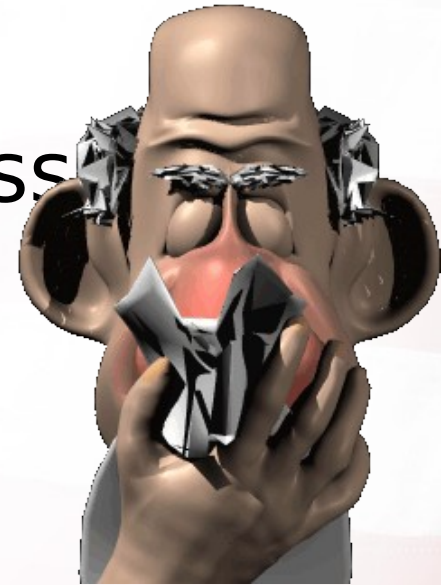


This guide is for use by all active/reserve component military, civilian, retiree, and contractor personnel. Any individual who is returning from any type of military operation should keep and refer to this guide.

Common Health Problems

The most commonly reported health problems observed in theater:

- Upper respiratory illness
- Diarrhea



Upper Respiratory Infection

- Can be caused by a number of different things, viruses, bacteria, dust particles
- The contributing factors are close living quarters, variation in sleep routine, stress, change in hygiene habits
- Symptoms resolve in a few days
- If you are experiencing signs of a cold, like draining sinuses, sore throat or cough for more than 2 weeks, seek medical attention

Medical Threats for the Region

High Risks

- Food and Waterborne - Diarrheal diseases, Hepatitis A, Typhoid/Paratyphoid Fever
- Vector borne - Malaria, Cutaneous Leishmaniasis
- Sexually Transmitted - Hepatitis B
- Animal Contact - Rabies

Diarrheal Diseases

- It is normal for almost everyone to have some bowel disturbances due to changes in diet and eating habits
- Can be caused by bacteria, viruses, or parasites
- If you currently have diarrhea symptoms (loose watery stools, more than 3 times per day), report this to the health care provider

Vector-Borne Diseases: Malaria

- Blood parasite transmitted by mosquitoes
 - From March to November, up to 10 percent of personnel exposed to mosquitoes could contract malaria
 - Incubation period: 7 to 14 days
 - Symptoms: fever, flu-like illness, chills, headache, muscle aches, and fatigue
 - 1 to 7 days of inpatient care



Take anti-malaria drugs as directed to avoid getting sick!

Vector-Borne Diseases: Leishmaniasis

- A parasite transmitted by sand fly bites
- Symptoms
 - Non-healing sores
 - Sometimes - fever, weight loss, weakness, anemia, swelling of spleen and liver
 - Symptoms can appear weeks to months after getting bitten
- If you experience any of these symptoms, while deployed or after you get home, make sure you speak to a health care provider!



01/12 **Sand flies are very small - only one-third the size of mosquitoes.**

Sexually Transmitted and Bloodborne Diseases

- Hepatitis B

If you abstained from sexual contact while deployed, you are not at risk for

STDs
– Report any signs and symptoms or concerns to healthcare provider during

RDHA

Animal Contact Diseases

Rabies

- The risk of rabies in Afghanistan is among the highest in the world so assume the wild dogs roaming troop areas are carrying rabies
- Caused by virus in the saliva of infected mammals or bats
- Rabies is nearly 100% fatal
- Report ALL animal bites, scratches, exposure to saliva
- Post-exposure treatment must be started immediately

Diseases of Intermediate Risk

- Food-borne: Brucellosis and Hepatitis E
- Vector-borne: Crimean-Congo fever, visceral leishmaniasis, sand fly fever, scrub typhus, and West Nile virus

Diseases of Intermediate Risk (continued)

- Sexually transmitted: Gonorrhea, chlamydia, HIV/AIDS
- Animal contact: Anthrax, Q fever, Avian Influenza
- Water contact: Leptospirosis
- Respiratory: Tuberculosis

**If you abstained from sexual contact while deployed,
you are not at risk for STDs**

Animal Contact Diseases

Avian Influenza H5N1

- Rare cases of H5N1 influenza could occur in operational forces exposed to infected poultry flocks.
- In the unlikely event that H5N1 influenza gains the ability to efficiently spread directly from person to person, initiating a human influenza pandemic, a significant number of operational forces worldwide could be affected.
- Very severe illness; fatality rate higher than 50% in symptomatic cases
- Seek medical treatment immediately if you feel ill.

Environmental Threats

- Destroyed factories may have released contaminants into the environment such as asbestos, lead and industrial wastes
- Few air contamination issues other than high levels of particulate matter (dust)
- No solid waste collection and treatment system exists
- Greatest short-term health risks are ingestion of food or water contaminated fecal pathogens

Post-Deployment Health Assessment Form

- DD Form 2796 must be completed no more than 30 days prior to departing for home station
- Page 1: Administrative information
 - Deployment location
 - Country, list all
 - Operation Enduring Freedom

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Post-Deployment Health Assessment Form

One-on-one
Health Care
Provider
interview,
follow-up and
referral

01/12

MEDPROS
FORCE HEALTH PROTECTION

MHA
MEDICAL
HEALTH
ASSESSMENTS

Forms Release Guide Referrals Help Lo

Type SSN or Scan ID Card Enter SSN SSN: 6789 Name: LUCIEN ADAM Rank: PV2 DOB: 1986/05/05 UIC: W33333 Gender: M

Post-Deployment Health Assessment

INTRO: STEP 1: STEP 2: STEP 3: STEP 4: STEP 5: STEP 6:

SUBMIT

DEMOGRAPHICS:

TODAY'S DATE: 01/27/2012

Social Security Number: 123456789

Last Name: LUCIEN

First Name: ADAM

Middle Initial:

Date of Birth: 05/05/1986

Gender: Male

Date arrived theater: (mm/dd/yyyy)

Date departed theater: (mm/dd/yyyy)

Name of Your Unit during this Deployment:

Service Branch: Army

Operation Name:

Component: Active Duty

Pay Grade: E2

Location of Operation

To what areas were you mainly deployed (land-based operations more than 30 days)? Please mark all that apply, including the number of months spent at each location.

Country 1: Time at location: 0 month(s)

Country 2: Time at location: 0 month(s)

Country 3: Time at location: 0 month(s)

Country 4: Time at location: 0 month(s)

Country 5: Time at location: 0 month(s)

Occupational Specialty during this deployment (MOS/AOC, NEC/NOBC, AFSC):

Combat Specialty:

PRINT VIEW

PRINT RECORD

PREVIOUS

NEXT

Post-Deployment Health Assessment Form

- Page 2: Service Member Report
 - Report vaccinations, medications, and health care during deployment process
 - Report experiences, symptoms or concerns
- Page 3: Service Member Report
 - Report possible exposures and duration
 - Identify potentially hazardous situations that may concern you

Post-Deployment Health Assessment Form

1. Overall, how would you rate your health during the PAST MONTH?

- ☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

3. During the past 4 weeks, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities?

- ☐ Not difficult at all
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

5. How many times were you seen by a healthcare provider (physician, PA, medic, corpsman, etc.) for a medical problem or concern during this deployment?

7. Were you wounded, injured, assaulted or otherwise hurt during this deployment?

- ☐ No ☐ Yes

8. For any of the following symptoms, please indicate whether you went to see a healthcare provider (physician, PA, medic, corpsman, etc.), were placed on quarters (Qtrs) or given light/limited duty (Profile), and whether you are still bothered by the symptom now.

Symptom	Sick Call?		Qtrs/Profile?		Still Bothered?		Symptom	Sick Call?		Qtrs/Profile?		Still Bothered?	
	No	Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes
Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dizzy, light headed, passed out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough lasting more than 3 weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bad headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent indigestion/heartburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally feeling weak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Problems sleeping or still feeling tired after sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble concentrating, easily distracted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Forgetful or trouble remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hard to make up your mind or make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Increased irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin diseases or rashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ringing in the ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other (please list):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watery, red eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dimming of vision, like the lights were going out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain or pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Compared to before this deployment, how would you rate your health in general now?

- ☐ Much better now than before I deployed
☐ Somewhat better now than before I deployed
☐ About the same as before I deployed
☐ Somewhat worse now than before I deployed
☐ Much worse now than before I deployed

4. During the past 4 weeks, how difficult have emotional problems (such as feeling depressed or anxious) made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
☐ Somewhat difficult
☐ Very difficult
☐ Extremely difficult

6. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- ☐ No
☐ Yes. Reason/dates: _____

7a. IF Yes, are you still having problems related to this event?

- ☐ No ☐ Yes ☐ Unsure

This form must be completed electronically. Handwritten forms will not be accepted.

Service Member's Social Security Number: _____

9.a. During this deployment, did you experience any of the following events? (Mark all that apply)

- (1) Blast or explosion (IED, RPG, land mine, grenade, etc.) ☐ No ☐ Yes
(2) Vehicular accident/crash (any vehicle, including aircraft) ☐ No ☐ Yes
(3) Fragment wound or bullet wound above your shoulders ☐ No ☐ Yes
(4) Fall ☐ No ☐ Yes
(5) Other event (for example, a sports injury to your head). Describe: _____ ☐ No ☐ Yes

9.b. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted in question 9.a.? (Mark all that apply)

- (1) Lost consciousness or got "knocked out" ☐ No ☐ Yes
(2) Felt dazed, confused, or "saw stars" ☐ No ☐ Yes
(3) Didn't remember the event ☐ No ☐ Yes
(4) Had a concussion ☐ No ☐ Yes
(5) Had a head injury ☐ No ☐ Yes

9.c. Did any of the following problems begin or get worse after the event(s) you noted in question 9.a.? (Mark all that apply)

- (1) Memory problems or lapses ☐ No ☐ Yes
(2) Balance problems or dizziness ☐ No ☐ Yes
(3) Ringing in the ears ☐ No ☐ Yes
(4) Sensitivity to bright light ☐ No ☐ Yes
(5) Irritability ☐ No ☐ Yes
(6) Headaches ☐ No ☐ Yes
(7) Sleep problems ☐ No ☐ Yes

9.d. In the past week, have you had any of the symptoms you indicated in 9.c.? (Mark all that apply)

- (1) Memory problems or lapses ☐ No ☐ Yes
(2) Balance problems or dizziness ☐ No ☐ Yes
(3) Ringing in the ears ☐ No ☐ Yes
(4) Sensitivity to bright light ☐ No ☐ Yes
(5) Irritability ☐ No ☐ Yes
(6) Headaches ☐ No ☐ Yes
(7) Sleep problems ☐ No ☐ Yes

10. Did you encounter dead bodies or see people killed or wounded during this deployment? (Mark all that apply)

- ☐ No ☐ Yes (☐ Enemy ☐ Coalition ☐ Civilian)

11. Were you engaged in direct combat where you discharged a weapon?

- ☐ No ☐ Yes (☐ land ☐ sea ☐ air)

12. During this deployment, did you ever feel that you were in great danger of being killed?

- ☐ No ☐ Yes

13. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ...

- a. Have had nightmares about it or thought about it when you did not want to? ☐ No ☐ Yes
b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? ☐ No ☐ Yes
c. Were constantly on guard, watchful, or easily startled? ☐ No ☐ Yes
d. Felt numb or detached from others, activities, or your surroundings? ☐ No ☐ Yes

14. Over the PAST MONTH, have you been bothered by the following problems?

- | | Not at all | Few or several days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|-------------------------|-----------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Alcohol is occasionally available during deployments, e.g., R&R, port call, etc. Prior to deploying or during this deployment:

- a. Did you use alcohol more than you meant to? ☐ No ☐ Yes
b. Have you felt that you wanted to or needed to cut down on your drinking? ☐ No ☐ Yes
c. How often do you have a drink containing alcohol?
☐ Never ☐ Monthly or less ☐ 2 to 4 times a month ☐ 2 to 3 times a week ☐ 4 or more times a week
d. How many drinks containing alcohol do you have on a typical day when you are drinking?
☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more

Post-Deployment Health Assessment Form

- Page 4: Health Assessment
 - Face-to-face discussion with Health Care Provider (HCP)
 - Answer based on your down range experiences
 - Review completed DD 2796 with HCP
 - Follow-up may be recommended at home station
 - Answering yes to any questions will not delay your departure from theater

Post-Deployment Health Assessment Form

Page 4: Health Care Provider Assessment

Service Member's Social Security Number:

Health Care Provider Only

Post-Deployment Health Care Provider Review, Interview, and Assessment

1. Do you have any medical or dental problems that developed during this deployment? ☐ Yes ☐ No
If yes, are the problems still bothering you now? ☐ Yes ☐ No
2. Are you currently on a profile (or LIMDU) that restricts your activities (light or limited duty)? ☐ Yes ☐ No
If yes: For what reason? _____ ☐ NA
Is your condition due to an injury or illness that occurred during the deployment? ☐ Yes ☐ No ☐ NA
Did you have similar problems prior to deployment? ☐ Yes ☐ No ☐ NA
If so, did your condition worsen during the deployment? ☐ Yes ☐ No ☐ NA
3. Ask the following behavioral risk questions. Conduct risk assessment as necessary.
 - a. Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way? ☐ Yes ☐ No
IF YES, about how often have you been bothered by these thoughts? ☐ A few days ☐ More than half of the time ☐ Nearly every day
 - b. Over the PAST MONTH, have you had thoughts or concerns that you might hurt or lose control with someone? ☐ Yes ☐ No ☐ Unsure
4. If member reports YES or UNSURE responses to 3.a. or 3.b., conduct risk assessment.
 - a. Does member pose a current risk for harm to self or others? ☐ No, not a current risk ☐ Yes, poses a current risk ☐ Unsure
 - b. Outcome of assessment ☐ Immediate referral ☐ Routine follow-up referral ☐ Referral not indicated
5. Alcohol screening result
☐ No evidence of alcohol-related problems
☐ Potential alcohol problem (positive response to either question 15a or 15b and/or AUDIT-C (questions 15c-e) score of 4 or more for men or 3 or more for women)
Refer to PCM for evaluation. ☐ Yes ☐ No
6. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ☐ Yes ☐ No
7. Traumatic Brain Injury (TBI) risk assessment
☐ No evidence of risk based on responses to questions 9.a. - d.
☐ Potential TBI with persistent symptoms, based on responses to question 9.d.
Refer for additional evaluation. ☐ Yes ☐ No
8. Tuberculosis risk assessment, based on response to question 20.
☐ Minimal risk
☐ Increased risk
Recommend tuberculosis skin testing in 60-90 days ☐ Yes ☐ No
9. Depleted Uranium (DU) risk assessment, based on responses to question 16 (DU, Yes) or question 18 (Yes).
☐ No evidence of exposure to depleted uranium
☐ Potential exposure to depleted uranium
Refer to PCM for completion of DD Form 2872 and possible 24-hour urinalysis. ☐ Yes ☐ No
10. Do you have any other concerns about possible exposures or events during this deployment that you feel may affect your health? ☐ Yes ☐ No
Please list your concerns: _____

11. Do you currently have any questions or concerns about your health? ☐ Yes ☐ No

Post-Deployment Health Questions and Concerns

- **Step 1**
 - Be aware that some conditions (like malaria and tuberculosis) may not produce symptoms for weeks to months after you return home.
- **Step 2**
 - Contact your local MTF or civilian health care provider for problems, questions, or concerns noticed after re-deployment, and make sure to tell him/her about your deployment.
- **Step 3**
 - If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving, make sure you return to your health care provider.
- **Step 4**
 - The DoD Deployment Health Clinical Center is always available to answer your questions, and any questions your health care provider (civilian or military) may have about your health.

DoD Deployment Health Clinical Center

**DoD Deployment Health Clinical Center
Walter Reed National Military Medical
Center**

**Bldg. 8, 2nd Fl., Rm. 2220
8901 Wisconsin Avenue**

Bethesda, MD 20814

Phone: 301.400.1517 (DSN 469.1517)

Fax: 301.400.2907

Toll Free Help Line: 866.559.1627

<http://www.pdhealth.mil>

Required Medical Screening

- Tuberculosis Skin Test
 - A skin test on the forearm to show if you have been exposed to tuberculosis
 - Testing is evidence based
 - Delayed onset of positive test in some people requires that you be tested twice:
 - At the time of redeployment based on survey
 - At 3-6 months after redeployment
(date will be shown on your DD Form 2796)
 - You must return 48-72 hours after the test to have it read and documented by a health care professional
- Blood sample taken at home station

DD FORM 2900

- **Post Deployment Health Re-Assessment (PDHRA)**
 - Completed 3-6 months after re-deployment
 - The form will be completed through AKO
 - Redeploying Soldiers (all components) are required to have a valid DD Form 2216 Periodic Audiogram (post deployment) in their medical record.
 - A healthcare provider will review and discuss your answers with you

Blood Donation

- If you get malaria you may not donate blood for **three** years
- Soldiers who have been in Afghanistan cannot donate blood for **one** year after redeploying



Reunion with Family and Friends

- Reunion is a part of the deployment cycle and can be filled with joy and stress. Reintegration into the family structure is a critical process.
- Refer to the ***A Soldier and Family Guide to Redeploying*** for things to remember during reunions with family and friends.
- Chaplains and counselors are available to help cope with homecoming stress.



Homecoming Stress

- Don't expect things to be exactly the same, especially if long deployment
- Ease back into roles; don't rush it
- Children may be withdrawn
- Spouse may be moody or depressed
- Financial and property issues may require immediate attention
- If needed, seek counseling from Chaplain or medical personnel

The background of the slide is a close-up, slightly blurred image of the American flag, showing the stars and stripes. A white rectangular box with a thin red border is positioned in the upper left quadrant, containing the title.

Summary

- Background on health concerns
- Medical health threats
- Redeployment medical requirements
- The DoD Deployment Health Clinical Center
- Homecoming stress

Conclusion

It is important to the US military and the Nation that you enjoy good health as you rejoin your family and friends upon return to home station.

If you have health problems or concerns, it is critical that you let someone know. It will not delay your departure for home station.

Are there any questions?